

PTO/SB/01 (06-03)

Approved for use through 07/31/2003. OMB 0551-0002
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 21917 OR <input checked="" type="checkbox"/> Correspondence address below			
Name McHale & Slavin, P.A.			
Address 2855 PGA Boulevard			
City Palm Beach Gardens	State FL	ZIP 33410	
Country USA	Telephone (561) 825-8575	Fax (561) 625-6572	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Andrew D.		Family Name or Surname Carlson	
Inventor's Signature <i>Andrew D. Carlson</i>		Date 4/1/04	
Residence: City Boca Raton	State FL	Country US	Citizenship US
Mailing Address 362 NW 6th Avenue			
City Boca Raton	State FL	ZIP 33432	Country US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
<input type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02B attached hereto.			